

MEDICAL QUESTIONNAIRE

Date: _____

Patient's Name _____
Last First Middle Preferred Name (if different)

Correct answers to the following questions will help Dr. Griffin treat you correctly so that there SHOULD NOT be an emergency. However, if an emergency situation does arise, this information will help insure proper treatment. Your answers are for our records only and will be considered CONFIDENTIAL.

DO YOU HAVE OR HAVE YOU EVER HAD:

- High blood pressure Yes ____ No ____
- Diabetes Yes ____ No ____
- Allergies to:
 - Penicillin Yes ____ No ____
 - Codeine or other pain medication Yes ____ No ____
 - Any other antibiotic/medicine _____ Yes ____ No ____
 - Local Anesthetic Yes ____ No ____
 - Latex Yes ____ No ____
 - Jewelry/metals Yes ____ No ____
 - Other _____ Yes ____ No ____
- Heart condition _____ Yes ____ No ____
- Abnormal/excessive bleeding from a cut Yes ____ No ____
- Use tobacco (in any form) _____ Yes ____ No ____
- Rheumatic fever Yes ____ No ____
- Tuberculosis (TB) Yes ____ No ____
- Hepatitis Yes ____ No ____
- HIV/AIDS Yes ____ No ____
- Joint, heart valve, or organ replacement (see below) Yes ____ No ____
- Are you under the care of a physician now? Yes ____ No ____
If yes, for what? _____
- Are you taking any medication now whether prescription or over-the-counter? Yes ____ No ____
If yes, what? _____
- Date of last medical examination: _____
- Name of Physician: _____ Phone: _____
Address: _____
- Other Medical or Physical conditions: _____

Please let us know well before your first appointment if:

- You have ever had any heart disorders such as heart surgery, leaking valve, a heart murmur, or an infection of the heart.
- You have ever had any joints replaced or organs transplanted.
- You were ever told to take an antibiotic before any dental appointment. The rules for antibiotic coverage continue to change and the changes may apply to you.